

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

318

1003

-62-020793

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

4594

FILED MAY 23 1962

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE ILLINOIS b. COUNTY ST CLAIR

c. CITY
OR
TOWN BELLEVILLEInside Limits
Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION 5610 ENRIGHTInside Limits
Yes ☒ No ☐d. STREET
ADDRESS 508 FREEBURG AVEReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First Middle Last

RAYMOND JOSEPH NEARY

4. DATE
OF
DEATHMonth Day Year
5 - 3 - 1962

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☒Never Married ☐Widowed ☐Divorced ☐

8. DATE OF BIRTH

11-20-1911

9. AGE (last birthday)

50

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

FACTORY REPRESENTATIVE SUNDRY CO

10b. KIND OF BUSINESS OR INDUSTRY

IOWA

11. BIRTHPLACE (City and state or country)

USA

12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME

MATHEW NEARY

13b. MOTHER'S MAIDEN NAME

BRIDGET CARROLL

14. NAME OF HUSBAND OR WIFE

HELEN NEARY

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Helen Neary 5610 ENRIGHT

18. CAUSE OF DEATH (Enter only one cause per line for
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Multiple Sclerosis

INTERVAL BETWEEN
ONSET AND DEATH

8 yrs

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

345x

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Jan 1962 to 5-3-62 and last saw him alive on 5-1-62

Death occurred at 8 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION,
REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

GOE RENNER

BELLEVILLE ILL.

MAY 5 1962

R. and Smith, M.D.

USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

VS 300
Rev. 4/59

1

3

4 C

5 1

6

7 1

8 2

9

10

11

12 90.0

13

90

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by not embalmed, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed George M. Penner

Licensed Embalmer No. 5051

P. O. Address Bellemeade, Ill

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.